OFFICE OF THE INSPECTOR GENERAL
DMHMRSAS

SNAPSHOT INSPECTION
NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE

OIG REPORT #88-03

Facility:	Northern Virginia Mental Health Institute Falls Church, Virginia
Date:	November 4, 2003
Type of Inspection:	Snapshot Inspection / Unannounced
Reviewers:	Cathy Hill, LPC

INSPECTION SUMMARY

A Snapshot Inspection was conducted at the Northern Virginia Mental Health Institute in Falls Church, Virginia on November 4, 2003. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and activity of patients.

NVMHI has undergone a number of changes in personnel particularly in administration since the completion of the 2002 OIG inspection. Most notably was the naming of Lynn Delacy as the Facility Director in August 2003. With twenty years of service at the facility, Ms. Delacy is well known and respected. She served the facility as both the Director of Nursing and Acting Facility Director prior to her current position. Interviews with staff indicated that they felt positive about the changes within the facility as a result of her leadership style, which is based on ongoing and effective communication. Staff morale appeared high.

A decrease in the staff turn over rate coupled with increased applications and fewer position vacancies has resulted in an increasingly stable workforce at this facility. Staffing patterns were noted to be adequate to provide for the supervision, safety and treatment needs of the patients.

The facility continues to offer a variety of active treatment programming options for the patients including the introduction of groups based on principles of dialectical behavior therapy and a group which focuses on assisting patients in identifying personal values, goals and strategies for taking a more active role in their own life processes.

Overall, the facility was well maintained, clean and comfortable. Efforts to make this institutional setting appear more homelike were noted. Patients interviewed during the inspection process commented that they felt safe and comfortable within the setting.

PART I: STAFFING ISSUES

1. Number of staff scheduled for this shift for this unit. DSA= Direct Services Associate	**June 4 – Evening Shift** Unit F – 25 patients 4 DSA's, 3 RNs Unit I1 – 29 residents 3 DSA's , 4 RNs Unit I2 – 31 residents 6 DSA's , 3RNS Unit K – 44 Residents 7 DSA's, 6 RNs
2. Number of staff present on the unit?	OIG staff noted that the actual staffing patterns varied somewhat from those identified above. On I-1, one of the RNs was off the unit with a patient and one of the DSAs was out sick. On I-2, one of the DSAs was scheduled to come into the facility later in the evening. On K unit, one of the RNs had called in sick and two of the DSAs were late reporting for the shift.
3. Number of staff doing overtime during this shift or scheduled to be held over?	During the inspection, it was learned that there were not any persons doing OT on the evening shift. Although the use of mandatory overtime has been very limited at the facility, interviews indicated that there had been an increase in the amount of voluntary overtime utilized due to the number of patients on constant observation status, which has increased over the past three months.
4. Number of staff not present due absence because of workman's compensation injury?	Interviews with administrative staff indicated that there were two staff members out on workman's compensation. Neither of these was patient related.

5. Number of staff members responsible for one-to-one coverage during this shift?	Interviews with facility staff indicated that during the inspection 4 staff members were responsible for a 1:1 coverage, one on F Unit, one on I-1, and 2 on I-2. This was either "within-sight" or "at arms length" due to self-injurious, aggressive behavior precautions or other behavioral or medical concerns.

6. Are there other staff members present on the unit? If so, please list by positions? Observations and interviews revealed a number of other disciplines on the units including activity therapists, social workers, psychologists and psychiatrists. In addition, the Human Rights Advocate was noted engaging in an interview with a patient.

7. Additional comments regarding staff: Since the last inspection at this facility, there have been a number of changes in personnel, particularly in administration. Staff commented that the facility has a very strong leadership team under the direction of the new facility director, Lynn Delacy. Ms. Delacy was named the Facility Director in August 2003. She had served the facility as the Director of Nursing and Acting Facility Director prior to her new position. Many commented on the increase in facility-wide communication under her leadership. Staff related that it was during the development of the facility's strategic plans that this process of facility-wide involvement can be best exemplified. Those interviewed indicated that the leadership team felt it was very important to have involvement by all disciplines and levels of staff regarding the mission, core values, and goals of the facility.

In addition, there is a new Medical Director. Dr. Robespierre Maximillian del Rio has been in the position since May 2003. He has reviewed many of the established clinical practices and implemented several initiatives designed to enhance the peer review process and increase awareness among the clinical staff regarding the importance of obtaining an extensive admission history so as to capture the events associated with the entire episode for which hospitalization was deemed necessary.

_____

Interviews also indicated that the staff turn over rate has decreased since the last inspection. This coupled with increased applications and fewer position vacancies has resulted in an increasingly stable workforce at this facility. The facility has implemented a "Spend a Day with a Psychiatric Nurse" program. This program provides interested candidates with an opportunity to spend up to a day with one of the nurses learning about the practice of nursing within the setting. The chance to experience the environment without pressure for a commitment enables perspective candidates the ability to determine on a more personal level whether the setting would be a match for them. Provisions have been made to interview individuals for employment while they are on site both for their convenience and to expedite the process once they express a desire to seek employment.

Finding 1.1: Direct observation, interviews and a review of staffing documentation revealed that the facility provided for adequate staffing patterns. This is consistent with facility policy and provides for treatment, supervision and the safety concerns of the patients.

OIG Recommendation: None

DMHMRAS Response: *DMHMRSAS appreciates recognition of NVMHI maintenance of appropriate staffing levels.*

Finding 1.2: Interviews indicated that a decreased turnover rate coupled with fewer position vacancies and increased applications has resulted in an increasingly stable workforce.

OIG Recommendation: None. Many elements were identified as having a positive impact on the retention of staff at this facility including increased communication and increased opportunities for staff of all levels to participate and provide feedback regarding a variety of issues impacting the facility. NVMHI has initiated a creative program for recruiting prospective nursing personnel. Staff morale appeared high.

DMHMRAS Response: *DMHMRSAS appreciates recognition of NVMHI's leadership in on-going efforts to enhance facility communication, staff participation and staff recruitment and retention.*

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

1. Bed capacity for the unit: **2. Census at the time of the review:**

The census on the day of the inspection was 129 patients. This included: 25 patients on F Unit, 29 patients on I-1, 31 patients on I-2 and 44 patients on K Unit. This facility has reportedly been running at capacity or near capacity for the past six months. Interviews with administrative staff indicated that the facility has had to purchase additional bedspace within the community due to the high census.

The facility has identified the establishment of a leadership role on the Northern Virginia Regional Partnership Planning Project as an important goal. It was generally believed that this additional time commitment by staff has benefited the facility in a number of ways including assisting in the identification of opportunities for addressing needed resources, the ability to forge relationships with other providers on a different level, and the ability to demonstrate a wide range of expertise within the sitting. NVMHI participants developed a descriptive model regarding four levels of psychiatric inpatient care as a tool for determining the types of patients currently served by the various facilities. In this model, levels are determined based on the acuity and complexity of the

patients as well as the expected lengths of stay. The descriptive model includes patient profiles, interventions and the expected outcomes for each level. The levels are Level 1: Acute Stabilization (high acuity, low complexity), Level 2: Intensive Care (high acuity, high complexity), Level 3: Intermediate Care (high complexity, variable acuity) and Level 4: Rehabilitation Services (high complexity, low acuity). It was reported that this model was adopted for use/testing in other state facilities as well as in some facilities in the private sector.

3.Number of patients/residents on special hospitalization status.
Interviews with administrative staff indicated that there were not any patients on special hospitalization status during the time of the inspection.

4. Number of patients/residents on special precautions?
Interviews with staff, on the units toured, indicated that residents were noted to be on special precautions addressing issues such as falls, aggressive behavior, self-injurious behavior, and/or other behavioral or medical issues.

5. Number of patients/residents on 1 to 1?
Interviews with facility staff indicated that during the inspection shift on the units listed above 4 patients were on 1:1 coverage status, either "within-sight" or "at arms length" distance.

6. Identify the activities of the patients/residents?
Patients, with recommendations from their treatment team, are provided with opportunities to participate in psychosocial rehabilitation programming within the facility. Programming occurs both within the treatment mall and on the units. Treatment mall (off-unit) activities are offered Monday through Friday from 10:00 am to 3:00 pm on a twelve-week cycle. Structured activities are available during the evening and on weekends.

During this inspection, a group regarding symptom management was observed. This group's curriculum describes it as designed to aid individuals in learning more about symptom management including recognizing symptoms associated with their illness such as the warning signs of relapse, methods for coping with persistent symptoms, how the use of alcohol and other drugs may impact their illness and how to effectively engage treatment providers and others in assisting them with their illness and symptom management. The topic for the group observed focused on the symptoms, treatment and ongoing management of arthritis. Even though the curriculum identifies that the primary focus of the activity centers on the patient's mental illness, the group members were attentive and seemed interested in the film and discussion.

_____

Tours of the units occurred during the time when patients were returning from the treatment mall. This was identified as typically leisure time. The majority of patients were observed quietly resting in their rooms or watching television in the dayroom.

Several were participating in a card game, some were noted walking the halls and many were observed engaging in conversation with staff.

7. Are smoke breaks posted?
Smoke breaks are allowed at this facility. Smoking occurs in designated areas and under staff supervision. Unit tours and interviews with patients revealed that smoke breaks were posted.

8. Do patients/residents have opportunities for off-ground activities?
Interviews with facility staff and patients indicated that there are opportunities for patients to participate in off-grounds activities once they have achieved the necessary level.

9. As appropriate, do patients/residents have opportunities for snacks?
Interviews with staff indicated that snacks do occur as appropriate for individualized diet plans.

10. Other comments regarding patient activities:
NVMHI has established a Treatment Mall Council to review and provide recommendations regarding the treatment programming. This multi-disciplinary group is made up of individuals from the various units. One advantage of this group over performance improvement teams, which are convened to address a specific charge, is that it is not time limited and can be flexible in addressing a variety of issues that impact programming such as the classes offered and the content.

A number of recommendations have been forwarded to the Council for review. Among these were the process of scheduling patients for a new treatment mall programming cycle, consideration whether language-specific groups are needed and how to best absorb patients into mall activities when they are being transferred from the admissions unit to the intermediate or rehabilitation units.

In addition, the facility has conducted two performance improvement reviews associated with the treatment mall. One of the reviews focused on the issue of decreased attendance, which was noted in a previous OIG inspection report.

———

NVMHI has introduced several groups based on Dialectical Behavior Therapy (DBT). This therapy is an empirically researched treatment modality developed by Dr. Marsha Linehan. This form of treatment uses the application of a number of cognitive and behavioral strategies to address symptoms associated primarily with borderline personality disorder such as intentional self-harm, chronic suicidality, and other behaviors that interferes with the therapeutic process and/or the person's quality of life. The theory maintains that some individuals react abnormally to emotional stimulation, which is believed to be result of being brought up in an emotional invalidating environment and possibly due to as yet unknown biological factors. Dr. Linehan's studies as well as several other replication studies demonstrate that the approach

consistently reduces the amount of self-injury and crisis reactions among the clients for which the approach was designed.

DBT programming is offered in a weekly 90 minutes skills group and in an art therapy group. Both groups are designed to assist participants in understanding and utilizing a variety of techniques in their daily lives in terms of emotional regulation, becoming more "mindful" of the present, increasing interpersonal effectiveness and increasing adaptive responses to stress. Interviews indicated that several patients who have participated in the DBT programming while hospitalized were referred to similar programs following discharge.

OIG Finding 2.1: Interviews, reviews of programming schedules, direct observation and record reviews revealed that persons receiving care and treatment at NVMHI have access to a variety of programming opportunities designed to enhance their skills for successful community living.

OIG Recommendation: NVMHI has established a mechanism for reviewing and assuring that the programming available addresses the active treatment needs of its patients. A focus on meeting the goals as identified by the course curriculum is recommended with expected outcomes measured to determine the effectiveness of the programs offered. With limited resources and increased efforts at effective bed utilization, this focus approach can increase patient's awareness and adaptive responses during the limited time in which they are hospitalized.

DMHMRSAS Response: *Initially the NVMHI Treatment Mall Council plans to review program content for: 1) support of the facility's mission, vision and values, 2) support of the facility's strategic goals, and 3) integration of recovery principles. Once course objectives are reviewed for these areas, a mechanism will be established to measure outcomes and use these results for on going program refinements. Currently, each program offered has identified objectives. However, members of the Treatment Mall Council will prioritize evaluating the outcomes of the programming provided on the Treatment Mall to ensure that the established objectives are being met. Additionally, the Clinical Leadership team has identified, and the Treatment Mall Council has implemented, core treatment responsibilities for each clinical discipline consistent with each discipline's identified scope of services. Disciplines' program offerings will thus make use of each discipline's areas of expertise in providing active treatment to enable individuals to return to their community as quickly as possible.*

PART III: ENVIRONMENTAL ISSUES

AREA OF REVIEW: Common Areas	Comments and Observations

1. The common areas are clean and well maintained.	Tours indicated that the residential areas visited were clean and well maintained.
2. Furniture is adequate to meet the needs and number of patients/residents.	Tours of units indicated that furniture was adequate to meet the needs of the patients.
3. Furniture is maintained and free from tears.	Tours of the common areas indicated that furniture was free from tears and was well maintained.
4. Curtains are provided when privacy is an issue.	Tours of the units demonstrated that window coverings are provided for privacy from the outside.
5. Clocks are available and time is accurate.	Clocks were available in public areas and a majority had the correct time.
6. Notification on contacting the human rights advocate are posted.	A tour of each unit and interviews with patients indicated that information on how to contact the Human Rights Advocate was effectively communicated.
7. There is evidence that the facility is working towards creating a more home-like setting.	Efforts at making this institutional setting more homelike were noted. Patients indicated that they are allowed to have personal items in their rooms and encouraged to display photos or pictures that might assist in their adjustment to the environment.
8. Temperatures are seasonally appropriate.	Tours of units indicated that temperatures were comfortable, even though it was unseasonably warm.
9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.	Interviews with patients revealed that the facility makes every effort to afford privacy when there are visitors to the unit. Each indicated that even though there are recommended visiting hours, visits are not limited at other times.
10. Patients/residents have access to telephones, writing materials and literature.	Interviews with patients indicated that they have access to communication materials and literature.

11. Hallways and doors are not blocked or cluttered.	Hallways, doors and egress routes were not blocked and were free of clutter.
12. Egress routes are clearly marked.	Tours of each unit indicate that egress routes are clearly marked.
13. Patients/residents are aware of what procedures to follow in the event of a fire.	Interviews with patients indicated that staff assist them during fire drills but that they were informed in community meetings as a part of orientation where to go for safe egress.
14. Fire drills are conducted routinely and across shifts.	Fire drills are conducted once per shift per month.
Bedrooms	**Comments and Observations**
1. Bedrooms are clean, comfortable and well-maintained.	All residential units toured were clean and well maintained.
2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Interviews with the patients and observation indicated that each patient has a mattress, sheet, blankets and pillow and if more is needed can obtain them upon request.
3. Curtains or other coverings are provided for privacy.	Tours of the units confirmed that curtains and/or other coverings are provided for clients' privacy.
4. Bedrooms are free of hazards such as dangling blind cords, etc.	In the rooms observed there was not any evidence of hazards resulting from dangling cords, etc.
5. Patients/residents are able to obtain extra covers.	Interviews with patients indicated that they are able to obtain extra linens and covers. Housekeeping assists them in changing linens weekly or more often if necessary.
6. Patients/residents are afforded opportunities to personalize their rooms.	Interviews with patients indicated that clients are given the opportunity to personalize their rooms.
Bathrooms	**Comments and Observations**

1. Bathrooms were clean and well maintained	Bathrooms were noted to be clean and well maintained. Housekeeping maintains these areas.
2. Bathrooms were noted to be odor free.	Tours of unit bathrooms indicated that all were odor free.
3. Bathrooms were free of hazardous conditions.	Tours of unit bathrooms indicated that all were free of hazardous conditions.
Buildings and Grounds	**Comments and Observations**
1. Pathways are well-lit and free of hazardous conditions.	Tours of outside grounds indicated that pathways were well lit and free of hazardous conditions.
2. Buildings are identified and visitor procedures for entry posted.	Upon entering the center all visitors are greeted by staff and asked to identify themselves with a badge or other form of identification. A sign-in procedure is required and visitors are given a badge for identification purposes.
3. Grounds are maintained.	Grounds are well maintained. There is a great deal of construction occurring at the hospital adjacent to the facility but it was noted that this did not create a hazardous situation for the patients.
4. There are designated smoking areas with times posted.	Interviews with patients and observation revealed that the times when smoking breaks occurs were adequately communicated.
5. Patients/residents have opportunities to be outside.	Interviews with patients and observations revealed that persons with the appropriate privileges regularly go outside on and off grounds.

OIG Finding 3.1: Observations and interviews with patients demonstrated that the facility is well maintained, clean and comfortable.

OIG Recommendation: None.

DMHMRAS Response: *DMHMRSAS appreciates recognition of NVMHI's continuing efforts to maintain a clean, comfortable environment.*

PART IV: OTHER ISSUES

Reports regarding critical incidents, as required by the code of Virginia, are sent for review to the Virginia Office of Protection and Advocacy (VOPA), DMHMRSAS Central Office as well as this Office. These incidents as defined include events that resulted in injuries that required treatment by a physician or physician extender, loss of consciousness, allegations of sexual assault /rape and deaths, which occur within the facility or within 21 days of discharge. Reports are to be forwarded within 48 hours of occurrence or within 48 hours of discovery, if the time of occurrence is not known. Follow-up reports are also completed on each event that outline the incident, provide the known facts and give an update regarding the status of the patient/resident.

Reports demonstrate that there is a wide continuum of events being reported particularly in the area of serious injuries because of the availability of physicians for assessment and review of patient care.

NVMHI thoroughly reviews these events and addresses any identified trends and patterns in a number of ways. For example, when it was noted that there had been several incidents associated with patient possession of contraband the facility established a FMEA (Failure Mode and Effects Analysis) Team to review this issue. This review involved an analysis of potential contributing causes as well as an examination of applicable policies and procedures. This review also included a study of policies and procedures regarding the possession of contraband as practiced at seven other state-operated facilities. Among the recommendations implemented as a result of this review are the following: the revision of policies and procedures to provide additional clarity regarding items allowed within the facility, including the education of visitors so that items are not brought into the facility inadvertently; lockers have been made available for visitors to store personal belongings while visiting to diminish the risk of unauthorized items from entering the facility as well as to provide for safe storage of visitor belongings; provide clear instruction to staff outlining the procedures for searching and scanning patients and visitors for unauthorized items; clarify procedures for conducting room searches and the establishment of procedures for communication between security and clinical staff when contraband is found.

Risk Management thresholds have been established by the facility through policy and procedures for behaviors such as incidents of falls, assaults/aggressive behavior, self-harm, possession of contraband and use of seclusion and restraint. When a patient has been identified as meeting this threshold for high-risk behavior, the treatment team convenes to review treatment strategies and to revise interventions as appropriate.

In addition to a Safety Committee, which provides oversight to issues of safety related to the physical environment, NVMHI has recently established a Patient Safety and Risk Management Committee. This committee reviews all aspects of risk management within

the facility including the critical incidents reports. As a result, a number of performance improvement opportunities have been identified.

Finding 4.1: NVMHI has a mechanism for reviewing critical incidents and other potential areas of risk. This includes the establishment of performance improvement teams and other review processes for assuring patient and environmental safety.

OIG Recommendation: None. The Office looks forward to reviewing the work of the recently established Patient Safety and Risk Management Committee during future inspections.

DMHMRAS Response: *DMHMRSAS appreciates recognition of NVMHI's systematic monitoring and corrective actions of critical incidents and other potential risk areas.*